



Child and Adult Care Food Program (CACFP)

Recordkeeping Requirements

for the

**At-Risk After School
Snack and Supper Program**

Missouri Department of Health and Senior Services
Division of Community Health
Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102-0570
800-733-6251
FAX 573-526-3679

<http://www.dhss.mo.gov/cacfp/>

November 2004

Missouri Department of Health and Senior Services
Child and Adult Care Food Program
Healthy Eating After School

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Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Community Food and Nutrition Assistance, P.O. Box 570, Jefferson City, MO 65102, 1-800-733-6251. TDD users can access the preceding number by calling 1-800-735-2966. EEO/AAP services provided on a non-discriminatory basis.

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
Child and Adult Care Food Program Offices

Central Office

P.O. Box 570
Jefferson City, MO 65102-0570
800-733-6251
FAX 573-526-3679
Contact: Susan Friese

Northwest District Health Office

3717 S. Whitney Ave.
Independence, MO 64055
Contact: Dana Troxel

Cape Girardeau Area Health Office

710 Southern Expressway, Suite B
Cape Girardeau, MO 63703
Contact: Debra Birkman

Southwest District Health Office

1414 W. Elfindale
Springfield, MO 65801
Contact: Susan Barr

Eastern District Health Office

220 South Jefferson
St. Louis, MO 63103
Contact: Tracy Reese Okosi

Who is eligible to participate?

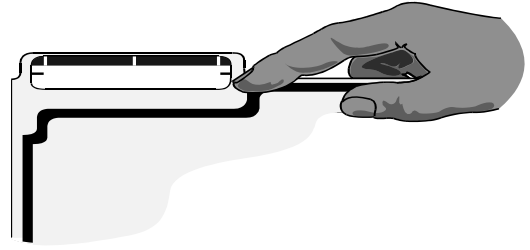
Eligibility Requirements:

To be eligible to qualify for reimbursement under the Child and Adult Care Food Program, after-school programs must meet the following criteria:

- ✓ The program must be operated by a public or private non-profit organization. In some instances, for-profit organizations may also be eligible to participate in the program.
- ✓ The program must operate in an after-school setting.
- ✓ The after-school program must provide an organized, structured, supervised environment which includes educational or enrichment activities. Programs offering supervised athletic activities along with education or enrichment activities may also be eligible, however, the athletic activities must be open to all and may not limit membership for reasons other than space, security or licensing requirements.
- ✓ The after-school program must be located in a geographic area where at least 50% of the children enrolled in the school serving the area are eligible for free or reduced price school lunch meals.
- ✓ The program must be licensed, or must provide certification that the facility meets minimum health and safety standards, including a copy of a recent fire safety inspection, and a copy of a recent sanitation inspection.
- ✓ Reimbursement may only be made for snacks and/or suppers served to children after the school day has ended. Before school snacks or snacks served during the course of the school day, i.e., as part of a kindergarten or preschool program, are not eligible for reimbursement under this program.
- ✓ If both a snack and supper are served in the after-school program, a total of 2 ½ hours must elapse between the start of the snack and the start of the supper meal.
- ✓ Snacks and/or suppers served on weekends, holidays, and other vacation periods during the regular school year are eligible for reimbursement.
- ✓ The after-school snack and supper program is only available during the months that school is in session. Summer programs do not qualify for reimbursement under this program.
- ✓ Reimbursement may only be made for school age children through age 18. If a child reaches his or her 19th birthday after the start of the school year, the child will remain eligible for snack and supper reimbursement through the remaining school year. Reimbursement may also be claimed for individuals who are mentally or physically disabled, regardless of age.

Recordkeeping Requirements

What Do I Have to Do?



Our goal is to keep any recordkeeping burden to the minimum necessary to ensure that Child and Adult Care Food Program (CACFP) reimbursement is properly paid. New participants will attend an orientation workshop before participation in the CACFP.

Each after school program will be monitored at least every three years. The program will receive official notice two weeks in advance. During monitoring visits, at least one meal service will be observed. All required records (listed below) must be available to the Department representative within one hour of arrival. Failure to make any and/or all records available within the required time may result in findings, corrective action, and/or overclaims.

- ✓ Current license or copies of recent fire safety inspection and sanitation inspection.
- ✓ Enrollment roster.
- ✓ All application materials and supporting documents submitted to Missouri Department of Health and Senior Services (MDHSS).
- ✓ Copy of the sanitation inspection.
- ✓ Attendance and meal tally records.
- ✓ Menus that meet the minimum requirements. (CACFP Meal Pattern for Snacks and Suppers*)
- ✓ Non-profit food service verification: copies of invoices and receipts that document food costs, labor costs, operating costs, and income to the program.
- ✓ Yearly report of the racial/ethnic breakdown of participating children on the Beneficiary Data Form*.
- ✓ Copies of Claims for Reimbursement submitted to MDHSS-CACFP.
- ✓ Receipts for all CACFP payments and records of deposit for the CACFP reimbursement check. Reimbursements can be directly deposited to your account by completing the Vendor Automated Clearing House Application in this booklet.
- ✓ Documentation of yearly training to staff on Master Training Log or CACFP Training Documentation.
- ✓ An audit report for the most recent year if your institution receives more than \$300,000 per year in federal funds.
- ✓ A copy of the "And Justice for All" poster, posted in a prominent place to comply with 1964 Civil Rights Act.

Reimbursement

How Much Will I Receive?



After-school programs may claim reimbursement for one snack and/or one supper, per child, per day. The reimbursement rate for snacks and suppers served to participating children for the period July 1, 2004, through June 30, 2005, is:

Snack

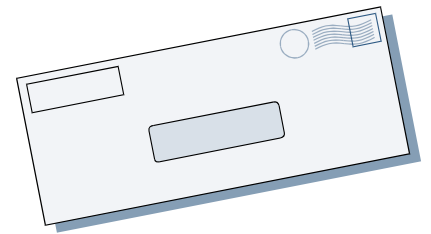
\$0.61

Supper

\$2.4125

Claims Submission

How Do I Get Paid?



A monthly Claim for Reimbursement must be submitted to MDHSS-CACFP within 60 days from the last day of the claim month. To receive timely payment, claims must be received by MDHSS-CACFP by 5:00 PM on the 10th of the month for the first processing. You may fax your claim to 573-526-3679 by 5 PM on the 10th of the month. Claims received after the 10th of the month will be processed in the second processing. Second processing claims must be received by the 25th of the month. All documentation used for compiling the claim must be kept for a period of three years after the end of the fiscal year to which they pertain.

Tips for organizing your records

- Choose a file box or cabinet to store your records safely.
- Purchase file folders, large envelopes and a 3-ring binder.
- Make copies of the Attendance and Meal Tally to keep in a folder or binder.
- List all enrolled children on the Attendance and Meal Tally. Add to the list as children join your program.
- Complete the meal count at each snack as the children are being served.
- Keep all food service cost receipts, invoices, etc. in a file or envelope by the month of purchase or donation.
- Label another folder for Menus. File all your menus for the month.
- Label two file folders for claims: Blank Forms and Completed Forms.
- Place preprinted labels on both the white and yellow copies of claim forms.
- Between the 1st and 5th day of the month following your first month on CACFP, follow the steps in this booklet for completing your Claim for Reimbursement.

Content of Meals

What should I serve?

Snacks and suppers served must meet the meal pattern for snacks (see meal pattern chart below) under the CACFP. It is recommended that programs offer larger portions for older children (aged 13 through 18) based on their greater food energy requirements.

Meal Pattern for Supper

S U P P E R		Children age 5 and under	Children age 6 through 18
	Milk, fluid	3/4 cup	1 cup
	Meat, poultry, fish, or Meat alternate ¹	1 ½ ounces	2 ounces
	Cheese (natural or processed) or Egg or	1 ½ ounces	2 ounces
	Yogurt (lowfat or nonfat) or	1	1
	Cooked dry beans or peas or	¾ cup	1 cup
	Peanut butter, soy nut butter, or	3/8 cup	½ cup
	Peanuts, soy nuts, tree nuts or seeds	3 Tablespoons	4 Tablespoons
		1 ½ ounces	2 ounces
	Juice, fruit or vegetable ² (serve two types)	½ cup total	¾ cup total
	Bread, enriched or whole grain or	½ slice	1 slice
	Cornbread, muffins, rolls, or biscuits, or	½ serving	1 serving
	Cereal, enriched or whole grain (cold, dry) or	1/3 cup or ½ oz.	¾ cup or 1 oz.
	Cereal enriched or whole grain (hot, cooked) or	¼ cup	½ cup
	Rice or Pasta	¼ cup	½ cup

¹Meat alternates include cheese, egg, cooked dry beans or peas, nuts, nut & seed butters.

²Must serve at least two different types of fruit and/or vegetables.

Meal Pattern for Snack

S N A C K	Choose two of four components	Children age 5 and under	Children age 6 through 18
	Fluid Milk	½ cup	1 cup
	Juice or fruit or vegetable ³	½ cup	¾ cup
	Meat or meat alternate	½ ounce	1 ounce
	Grains/bread	½ slice or equivalent	1 slice or equivalent

³Juice may not be served if milk is the only other component at snack. Juices must be 100% fruit or vegetable juice.

Snack and Supper Menus

Meal Pattern for Snack Choose two of four components	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Milk (fluid)							
Juice* or fruit or vegetable							
Grain/bread							
Meat/meat alternate							
Meal Pattern for Supper	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Milk (fluid)							
Fruit or vegetable**							
Fruit or vegetable							
Grain/bread							
Meat/meat alternate							

*Juice may not be served when milk is the only other component of the snack.

**Serve at least two different varieties.

After-school programs may claim reimbursement for snacks served on weekends, holidays, and other vacation periods during the regular school year. Programs may not claim reimbursement through this provision when school is not in session (i.e., when school is closed for the summer).

Daily Menu Planning and Production Record

Date	Meal	Menu	Number to be served	Food items used	Amount prepared or served

Menu Checklist:

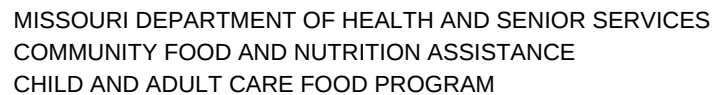
1. Does each snack contain at least two components, each from a different food group?
2. Have you been very specific about the type of item to be served and how it is prepared?
3. Have you been specific about the package sizes and/or weight of food prepared.

Daily Menu Planning and Production Record

Date	Meal	Menu	Number to be served	Food items used	Amount prepared or served
9/10	Supper	Baked Fish Fillets Macaroni and Cheese Green Beans Peach Slices Milk	40	Fish Macaroni Green Beans Peaches Milk	2.5 pounds 2 pounds 1 #10 can 2 #10 cans 40 ½ pints
9/10	Snack	Blueberry Muffins Apple Juice	65	Muffins Apple Juice	65 – 3 ounce muffins 5 – 64 ounce cans
9/11	Supper	Hamburger on a bun French Fries Mixed Fruit Cup Milk	35	Ground beef patties Frozen French Fries Fruit Cocktail Buns Milk	35 – 3.2 ounce patties 10 pounds 2 #10 cans 3 – 16 ounce pkgs. 35 ½ pints
9/11	Snack	Cheerios Milk	55	Cheerios Milk	3 – 24 ounce boxes 55 ½ pints

Menu Checklist:

1. Does each snack contain at least two components, each from a different food group?
2. Have you been very specific about the type of item to be served and how it is prepared?
3. Have you been specific about the package sizes and/or weight of food prepared.



DAILY ATTENDANCE RECORD

Enter this number in section 7 of the claim for reimbursement.

Meal Count Record

Name of Program								Date			Meal Served SNACK SUPPER			
Meals Left from Previous Day					Meals Prepared/Delivered					Total Meals Available				
Meal Tally (make a slash mark through the numbers for each meal/snack served.)														
1	11	21	31	41	51	61	71	81	91	101	111	121	131	141
2	12	22	32	42	52	62	72	82	92	102	112	122	132	142
3	13	23	33	43	53	63	73	83	93	103	113	123	133	143
4	14	24	34	44	54	64	74	84	94	104	114	124	134	144
5	15	25	35	45	55	65	75	85	95	105	115	125	135	145
6	16	26	36	46	56	66	76	86	96	106	116	126	136	146
7	17	27	37	47	57	67	77	87	97	107	117	127	137	147
8	18	28	38	48	58	68	78	88	98	108	118	128	138	148
9	19	29	39	49	59	69	79	89	99	109	119	129	139	149
10	20	30	40	50	60	70	80	90	100	110	120	130	140	150
Adult Meal Tally														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Meals Served to Eligible Participants										_____				
Total Meals Served to Adults										_____				
Total Meals Left Over										_____				
Signature of After-School Program Representative										Date				

Documenting Staff Training

Staff must be trained at least annually with regard to the CACFP. Update staff on any changes that occur during the year. Documentation of training must include:

- a) topics
- b) session dates
- c) number in attendance
- d) location
- e) names of participants (attach a sign-in sheet or roster)
- f) name of presenter

The Master Training Log or the Training Documentation form may be used to document the annual CACFP training you conduct.

Documenting Non-Profit Food Service

Programs must have documentation to verify that all of the CCFP reimbursement is being used solely for conducting or improving the food service operation. Non-profit food service verification includes:

1. Save all food and nonfood receipts or invoices. Nonfood costs can be charged to the food service if the nonfood product is necessary to the food service. Examples of allowable nonfood charges include paper napkins, straws, plastic utensils, cleaning supplies for the kitchen, etc.

Only those foods used for the CACFP can be charged to the food service. Food items purchased strictly for adults or for other programs cannot be counted toward the CACFP food service costs.

2. Determine the total amount of food and nonfood costs. If this amount is less than the CACFP monthly reimbursement, document food service labor costs. If the amount of food cost for the month is greater than the CACFP reimbursement, the center does not need to document labor costs.
3. Determine the amount of labor spent on the food service. The Labor Costs form, below, will assist in determining how much labor cost can be charged to the food service. Each position used for the food service shall be listed. For each position listed, indicate:
 - a) The salary per hour
 - b) The number of hours spent on the food service
 - c) The total cost chargeable to the food program

Labor cost charges must be supported by payroll stubs and time studies.



Attendance Sign-In

CACFP-222



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM

SUMMARY OF SALARY EXPENSES

FACILITY NAME						CLAIM MONTH	
POSITION TITLE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON FOOD SERVICE	X	DAYS WORKED PER MONTH	=	TOTAL
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
TOTALS						=	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
BENEFICIARY DATA REPORT

A Beneficiary Data Report must be completed once a year to report the racial/ethnic category of participants enrolled in your center. Determine the participant's racial/ethnic category visually using your best judgement. A participant may be included in the category to which he or she appears to belong, identifies with, or is regarded as a member of by the community.

NAME OF CENTER/FACILITY:

ADDRESS:

Racial/Ethnic Category	Number of Participants
Alaskan Native or Native American – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).	
Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	
Black (not of Hispanic origin) – A person having origins in black racial groups of Africa.	
Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	
White (not of Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
SIGNATURE OF DIRECTOR 	DATE

Filing a Claim for Reimbursement

A center has 60 calendar days from the end of a claim month to submit a claim for reimbursement. If a claim is postmarked more than 60 days past due, the center may not be paid for that month.

Mail the completed claim form after you have reviewed your entries and are satisfied that the claim is completed accurately. Allow a minimum of 3 days for the claim form to reach the MDHSS. Claims may be faxed to (573) 526-3679, but must be legible or they will be returned for correction.

MDHSS processes claims on the 10th of each month for payment by check or automatic deposit by around the 28th of the month. A second processing for claims is done on the 25th of the month for claims received the 11th through the 25th. The second payment is made around the 13th of the following month.

DHSS Receives Claim by:

10th of the month

25th of the month

Projected Check Issue Date:

28th of the month

13th of the next month

If you receive payment by check, please allow several days for mail delivery. If you have not received your check within 15 days of the payment date, please contact DHSS to determine if there were problems with the claim or check.

Things To Do

- Place contract number label on the Claim for Reimbursement forms.
- Between the 1st and 5th day of the month, follow the steps outlined in the booklet and complete your Claim for Reimbursement form.

Common Errors

1. Label with center name and address are missing from the form.
2. Labels are from a previous contract year.
3. Period covered by the claim is more than one month.
4. Total Meals (Line 12) is not completed.
5. Addition is incorrect.
6. Section 7 and section 12 incorrectly lists the exact same numbers. Section 7 is the total number of kids present for the month and section 12 is the total number of meals served by type, per month.
7. Meal claims are in excess of enrollment and/or attendance.
8. Form is not dated and signed.
9. Unauthorized person signed the form.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM

FAX # 573-526-3679

PO BOX 570

JEFFERSON CITY MO 65102-0570

CLAIM FOR REIMBURSEMENT

READ INSTRUCTIONS ON REVERSE SIDE CAREFULLY BEFORE COMPLETING CLAIM.

1. NAME AND ADDRESS OF INSTITUTION. (PLACE PREPRINTED LABEL HERE.)	2. CLAIM MONTH/YEAR / (MONTH) (YEAR)	3. ORIGINAL ☐	4. REVISION ☐ 1 ST ☐ 2 ND ☐ 3 RD (CHECK ONLY IF PAYMENT FOR THE ORIGINAL CLAIM HAS BEEN RECEIVED.)
5. PERIOD COVERED BY CLAIM (REQUIRED ONLY WHEN OPERATIONS ARE BEGINNING OR ENDING AND CLAIM INCLUDES 10 OPERATING DAYS OR LESS IN THE PRIOR MONTH AND/OR 10 OPERATING DAYS OR LESS IN THE FOLLOWING MONTH.) START DATE _____ END DATE _____		6. TOTAL NUMBER OF DAYS IN CLAIM PERIOD DURING WHICH MEALS WERE PROVIDED	
7. TOTAL ATTENDANCE FOR MONTH (ENTER THE SUM OF DAILY ATTENDANCE TOTALS FOR EACH DAY MEALS WERE PROVIDED)	8. NUMBER OF CENTERS THIS CLAIM PERIOD FOR WHICH YOU ARE CLAIMING MEALS (INDEPENDENT CENTERS WILL ENTER A "1".)		

TOTAL NUMBER OF MEALS SERVED TO PARTICIPANTS IN DAY CARE CENTERS.

	A. BREAKFASTS	B. LUNCHES	C. SUPPERS	D. SNACKS	13. ENROLLMENT
9. FREE					(FREE)
10. REDUCED					(REDUCED)
11. PAID					(PAID)
12. TOTAL					

COMPLETE ONLY IF YOU HAVE APPROVED AT-RISK SITES.

14. AT-RISK:	A. ATTENDANCE	B. OUTLETS (SITES)	C. SUPPERS	D. SNACKS
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COMPLETE ONLY IF YOU ARE FOR-PROFIT.

15. ELIGIBLE NUMBER IN FOR-PROFIT CENTER(S): NAME OF CENTER(S)	TOTAL ENROLLMENT OR LICENSED CAPACITY FOR CLAIM PERIOD (whichever is less)	ELIGIBLE TITLE XX OR TITLE XIX PARTICIPANTS OR FREE- AND REDUCED-CATEGORY ELIGIBLES
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16. REMARKS

All claims for reimbursement shall be submitted to the Missouri Department of Health and Senior Services no later than the legislatively mandated deadline of 60 calendar days after the end of the claim month. Failure to submit claims within the 60-day deadline may result in such claims not being paid.

I CERTIFY that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Contract(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in for-profit Title XX or Title XIX centers are submitted for those centers in which 25% or more of either enrollment or licensed capacity were receiving Title XX or Title XIX benefits for this claim period OR in which 25% or more of either enrollment or licensed capacity were free-category and reduced-category eligible for this claim period.

17. SIGNATURE OF AUTHORIZED REPRESENTATIVE	18. TITLE	19. PREPARATION DATE
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THIS SPACE IS FOR MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES CACFP ONLY.

DEPARTMENT CACFP AUTHORIZED SIGNATURE	DATE
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All records supporting the claim for reimbursement must be retained and available for future audit for a period of 3 years and the current year. No further monies or other benefits may be paid out under the Program unless this report is completed and filed as required by existing regulations (7 CFR 226).

Check original claim if claim is first for the billing period and has not yet been accepted for payment. If claim must be revised later for same billing, check "Revision" block.

INSTRUCTIONS

SPECIAL NOTE: A REVISED CLAIM completely voids all previous claims for the same month. Therefore, include ALL reporting data for the entire month's operation. Also, be certain to maintain all pertinent records and adequate documentation to support the claim for reimbursement.

GENERAL

Report data for **one calendar month only**. If the first or last month of operation contains 10 working days or less, such a month may be added to the claim for the appropriate adjacent month. However, DO NOT combine on any claim June meal service information with July meal service information or September meal service information with October meal service information. Your amount of payment will be computed by Community Food and Nutrition Assistance (CFNA) based on the United States Department of Agriculture (USDA) meal reimbursement rates.

This claim will be returned and payment cannot be made if claim is not properly completed. Therefore, sign and date this claim before mailing it to CFNA. If you have any questions about how to complete this form, please contact CFNA for assistance.

Submit the claim to CFNA. All claims must be received in our office by the 10th of the month following the claim month for the first processing cycle or the by the 25th of the month following the claim month for the second processing cycle. All claims must be received or postmarked no later than 60 calendar days following the end of the claim month. The institution must make a copy of the claim before submitting. Keep the copy for your files.

All claims for centers must include entries for items 1-13 and 17-19. Items 5, 14, 15, and 16 must be completed if appropriate.

Send or fax claims to:

**Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102
Fax # 573-526-3679**

REVIEW YOUR ENTRIES. WHEN YOU ARE SATISFIED THEY ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE, SIGN THE REPORT, AND ENTER YOUR TITLE AND DATE REPORT WAS PREPARED.

Are you interested in submitting CACFP claims via the Internet (online)? Please contact our office at 1-800-733-6251 for further information.

SPECIFIC INSTRUCTIONS

ITEM

1. Check to be sure the pre-printed information is correct. If the contract number or center name and address are missing, please fill in the proper information. If either or both are incorrect, immediately contact CFNA to make corrections.
2. Enter the month and year that this claim covers. For example, January 2005 would be entered as:

01 05
- 3 & 4. Enter if original or revised claim.
5. Complete only if operations are beginning or ending and claim includes 10 operating days or less in prior month or 10 operating days or less in following month. Please note that a claim **cannot** combine June/July or September/October program information.
6. Enter the actual number of days you served meals to participants as part of the Child and Adult Care Food Program.
7. Compute total attendance by adding daily center attendance (not meal counts) for each day of the claim period.
8. Enter the number of centers in operation for this claim period.
- 9-11. Enter the total number of meals by income category (free, reduced, paid) actually served to participants enrolled in all centers.
12. Enter the sum of each meal type.
13. Enter the number of participants enrolled in centers for this claim period by income group.

Free – Enter the number of participants enrolled for which center maintains documentation showing participants eligible in the free category.

Reduced – Enter the number of participants enrolled for which center maintains documentation showing participants eligible in the reduced category.

Paid – Enter the number of participants enrolled for which center maintains no documentation showing participants eligible in the free or reduced category.
14. Complete only if your center is participating/approved in the At-Risk After-School Program.
15. Complete only if your center is for profit. List names of all for-profit centers, total enrollment or licensed capacity for claim period for each center (whichever is less), and the number of eligible Title XX or Title XIX participants or free-category plus reduced-category eligibles in each center.
16. Enter any remarks that you may wish to make.
17. Must be completed with original signature for payment to be disbursed. Original signature must match signature on application. Preparation date cannot occur before end of claim month during normal operations.

What To Do If You Decide To Appeal

What can be appealed?

Actions which may be appealed are those that affect your participation or your claim for reimbursement including:

- ✓ Denial of an institution's application for participation;
- ✓ Denial of an application submitted by a sponsoring organization on behalf of a facility;
- ✓ Notice of proposed termination of the participation of an institution or facility;
- ✓ Notice of proposed disqualification of a responsible principal or responsible individual;
- ✓ Suspension of an institution's contract;
- ✓ Denial of all or part of a claim for reimbursement;
- ✓ Demand for the remittance of an overpayment; and
- ✓ Denial by the Missouri Department of Health and Senior Services (MDHSS) to forward to the Food and Nutrition Service an exception request by the institution or sponsoring organization for payment of a late claim or a request for an upward adjustment to a claim, or demand for remittance of an overclaim.
- ✓ Any other action of the state agency affecting an institution's participation or its claim for reimbursement.

What type of appeal?

Appeals are conducted before a duly appointed administrative hearing officer.

- ✓ Administrative review...
 - is an in-person, verbal hearing at which testimony and evidence is submitted by the participant and the state agency.
- ✓ Abbreviated administrative review...
 - is a review of written material only. Written evidence is submitted to the Hearing Officer for consideration in the appeal. An appellant cannot request an administrative review after the abbreviated administrative review has taken place.
 - applies to...
 - ▶ Submission of false information on the application.
 - ▶ The participant or one of its principals or its facilities is on the national disqualified list.
 - ▶ The participant or one of its principals or one of its facilities is ineligible to participate.
 - ▶ The participant or one of its principals or one of its facilities has been convicted for any activity that indicates a lack of business integrity.

How to appeal?

Must: Be a written request.

Send to:

William R. Rapps, Hearing Officer
10899 County Road 499
Holts Summit, MO 65053

AND

Send to:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102

A request for an appeal must be submitted to both parties listed above.

When does the request have to be filed?

A participant has 15 days to request an administrative review. The 15 days allotted for the request begins on the fifth day after the date of mailing of the state agency notice, or on the date the institution receives the notice of findings, whichever is earliest.

What must the appeal request contain?

- ✓ Have the name, phone number, and mailing address of your institution.
- ✓ Clearly identify the findings that are being appealed, the basis of the appeal, and the remedy sought.
- ✓ Have written information to support the appeal (abbreviated review only).
- ✓ Have a copy of the notice from the state agency that gives rise to the review request.
- ✓ State whether or not the participant is requesting an in-person, oral hearing or an abbreviated administrative review. A party or entity requesting a review may elect to have an abbreviated administrative review even though entitled to a full hearing.
- ✓ Be signed by the authorized representative of the institution and have the name and the title of the person who signed the request, if other than the authorized representative.

For your information:

1. You will receive a docketing letter giving the date, time and location of the administrative hearing by mail.
2. Either the state agency or the party requesting the review may thereafter seek a continuance (rescheduling) of the hearing. Such requests must be in writing and should state the reason for the continuance request. The continuance request must be sent to William R. Rapps, Hearing Officer and the state agency. Note: a request of a continuance by the appealing party may waive the right to decision within 60 days of the state agency notice.
3. The hearing officer will notify both parties as to whether or not the continuance is granted or denied. If it is denied, the hearing will be held as originally scheduled. If it is granted, a new hearing date will be sent by the hearing officer. It is extremely helpful if a request for a continuance also contains a statement as to what dates for a new hearing are not available to the party requesting the continuance.
4. The state agency has the right to file an objection to the continuance.
5. *Representation by an attorney:* Missouri state law prohibits employees of a corporation from acting as an attorney on behalf of the employing corporation. An employee may participate in an administrative review on behalf of a corporation, but participation is limited to testimony about the relevant facts related to the appeal. A non-attorney may **not** file motions, briefs or make legal arguments or examine witnesses.
6. The state agency will have legal counsel representation at any in-person oral hearing.

ALL SUBMISSIONS OF WRITTEN MATERIAL MUST BE SUBMITTED BY MAIL. REQUESTS FOR CONTINUANCES MAY BE SUBMITTED BY FAX TO MR. RAPPS AT 573-896-4801.

For more information: Call Mr. Rapps at 573-896-9460 or refer to the Appeal Chapter of the CACFP Policy and Procedure Manual.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.